Reaction Following Ingestion of 400 Mg. of Meprobamate

BENTON L. CORLEY, M.D., and
FRANKLIN BRUNDAGE, M.D., Arcadia

THE VIRTUES AND INDICATIONS for the use of meprobamate (Miltown® and Equanil®) have been widely publicized in many magazines of general circulation, and it now is quite common for one person who has some of the tablets to offer one or more of them to a friend as a cure for almost any complaint. Hence it appears advisable for physicians to report any untoward reactions they may observe following use of the drug.

REPORT OF A CASE

The patient, a 42-year-old white woman, accepted one tablet (400 mg.) of Miltown® to enable her to endure the emotional disturbance of a death in the family. Four hours later she noticed a pruritic, fine, maculopapular eruption on the waist, buttocks and extremities. Soon afterward weakness and orthostatic syncope occurred.

When examined approximately six hours after ingestion of the drug, the blood pressure was 110/70 mm. of mercury, the pulse rate 78 and respirations 18 per minute. The patient could not stand upright because of weakness and fainting. A prominent feature was pronounced generalized erythema. Epinephrine and antihistamines were administered and the following day the patient was stronger but the rash persisted as well as erythema and weakness. The blood pressure was 130/70 mm. of mercury. ACTH Gel® (corticotropin) was given and recovery was uneventful. The skin faded and there remained a dry scaling rash for four days.

COMMENT

Since the patient took no medicine other than the one tablet of Miltown, and as the symptoms were like those reported in other cases of the kind, it is believed that this was an instance of acute toxic reaction to meprobamate.

1108 South Baldwin Avenue, Arcadia (Corley).

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Marfan's Syndrome

Report of a Probable Case

JAMES E. REEVES, M.D., and
H. R. IRWIN, M.D., San Diego

IN 1896, MARFAN[2] described an interesting syndrome consisting of arachnodactyly associated with congenital heart defects, ocular abnormalities and faulty development of the musculoskeletal system.

The first reported American case was described in 1926 by Piper and Jones,[3] who also reviewed the literature to that time. In a more recent report, Black and Landay[1] noted that the diagnosis is made primarily on clinical observations, and that laboratory tests usually are noncontributory. They observed that in 60 per cent of the reported cases of Marfan's syndrome the patients had cardiac abnormalities.

REPORT OF A CASE

The patient, a man 24 years of age, was first observed February 1, 1955. He was observed to be mentally retarded (the intelligence quotient about 60). The mother said the patient had been a "blue baby" until about one year of age. During childhood he had been in an institution for the feeble-minded for about seven years. There were no similar cases in either the maternal or paternal family history, the mother said. One sister, aged 26 years, and the father and mother, 46 and 44 years of age, were living and well.

The height of the patient was 72 inches, body weight 156 pounds and the arm span 75 inches. The ears were exceptionally prominent. Internal strabismus, "pigeon breast," hypospadias, slight webbing of the fingers, and third degree pes planus were noted. There was almost complete absence of subcutaneous fat. Pronounced overfilling of all visible veins was observed.

The heart, as outlined by percussion, was normal in size and shape. The pulse rate was 72. The blood pressure was 120/76 mm. of mercury in the left arm and 122/80 mm. in the right arm. A loud

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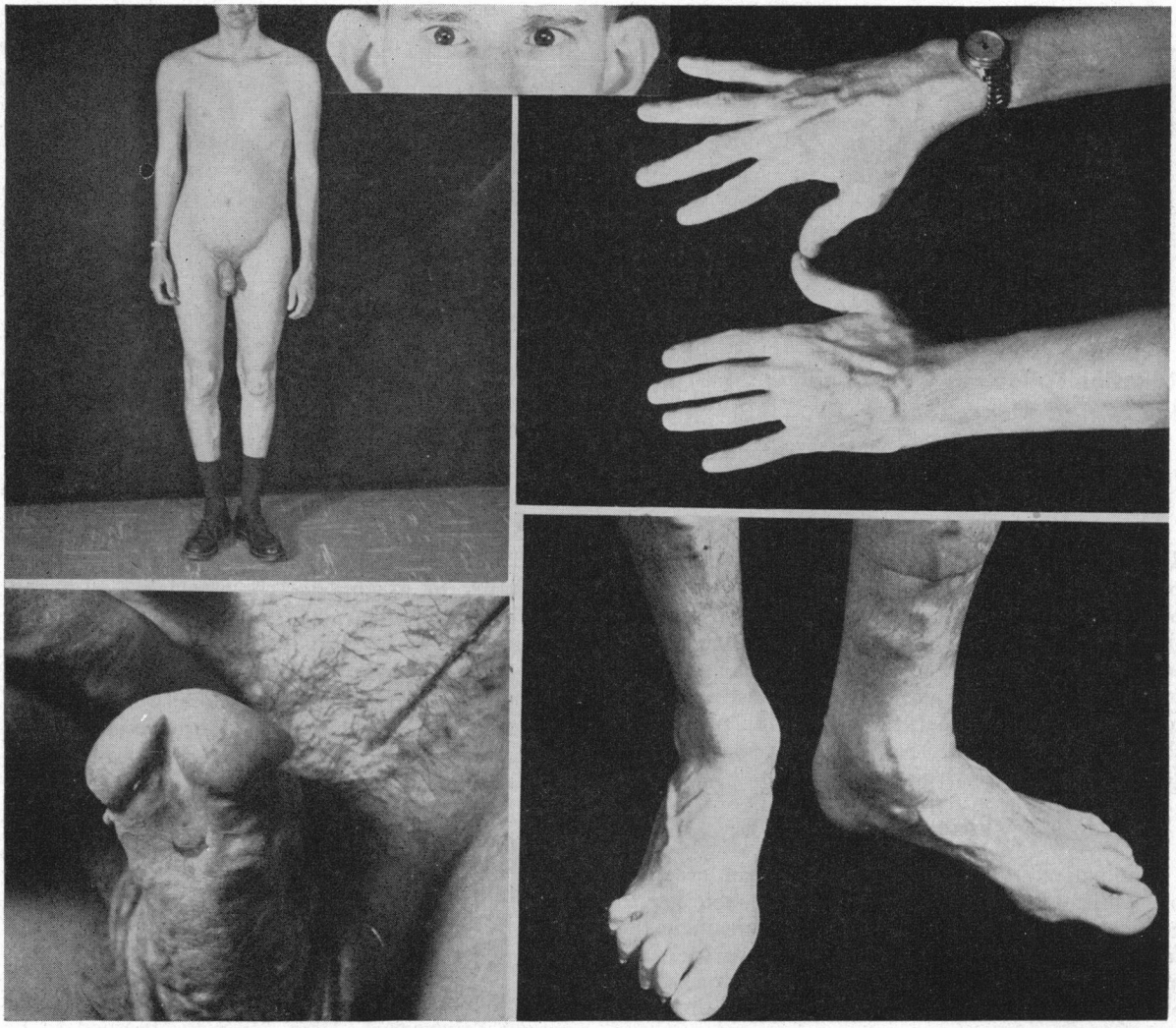

Visible abnormalities in the patient in the present case: "Pigeon breast," absence of subcutaneous fat, strabismus, slight webbing of spidery fingers, hypospadias, pes planus, venous distention.

"machinery murmur" upon systole was best heard over the apex of the heart and was transmitted to the great veins. No abnormalities were seen in a teleoroentgenogram of the chest. An electrocardiogram was within normal limits. An electroencephalogram showed a diffuse slight slowing of cerebral electrical activity (6 to 7 cycles per second). Results of examination of the blood and the urine were within normal limits. A Wassermann test was negative for syphilis.

The hernias were repaired and healing was by first intention.

It is believed that the conditions noted in this case were a classical Marfan's syndrome.

205 Walnut Strcet, San Diego 3 (Reeves).

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